

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b)(7)(E)	Incident Title: Marine Unit Shooting at (b)(7)(E)	Orig. SIR No.: (b)(7)(E)	Event No.: (b)(7)(E)
Office: Office of Border Patrol	Owning Organization: Laredo Sector/Laredo South Station	Reporting Official: (b)(6)(b)(7)(C)	Telephone Number: (b)(6)(b)(7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 19:38 Monday 9/3/2012	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address:	City: LAREDO	State: TX	County: WEBB
ZIP Code: 78046	Country: US	Longitude: (b)(7)(E)	Latitude: (b)(7)(E)
Character of Premises: Rural, Sparsely Populated, Undeveloped/Open, Outdoors			
Illumination: If Natural Illumination: Daylight If Artificial Illumination: Not Applicable, Good lighting, Subject silhouetted			
Environmental Conditions: Dry, Windy			Estimated Ambient Temperature (°F): 103
<p>Additional Comments (relevant to the incident information page):</p> <p>On September 3, 2012, at approximately 7:38 p.m., Marine Unit reported shots fired, suspect down near the [REDACTED] area, located on the riverbanks, approximately 200 yards upriver of the HEB Grocery store on Zapata Highway in (b)(7)(E). At approximately 7:40 p.m., the Marine Unit (b)(7)(E) cleared from the river to the U.S. riverbanks to seek cover.</p> <p>The Marine Unit was in the area of the 704 overlook assisting (b)(7)(E) agents with a group of approximately 3 subjects that crossed the river from the Mexican side to the U.S. side. The Marine Unit also attempted to assist a subject in distress near the Mexican riverbanks, when they were rocked by approximately 20 subjects on the Mexican riverbanks.</p> <p>Border Patrol Agent (BPA) (b)(6)(b)(7)(C) fired approximately 5 rounds from his Service-issued M4 Carbine at a subject on the Mexican riverbanks that was throwing rocks. The Marine Unit reported that shots were fired and a suspect was down.</p> <p>At approximately 7:41 p.m., SBPA's responded to the (b)(7)(E) area and observed a white-colored, older model Buick departing the Mexican riverbanks at Parque Viveros in Mexico. The Marine Unit reported that the subject that was shot was loaded into the Buick that departed. The Marine Unit was instructed to clear the scene and to secure their vessel at Port of Entry (b)(7)(E). Marine Unit turned their vessel and weapon used over to SBPA (b)(6)(b)(7)(C).</p>			

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b)(6)(b)(7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b)(6); (b)(7)(C)	Duty Location EOD: (b)(6); (b)(7)(C)
Duty Location: Office of Border Patrol/Laredo Sector			
Sex: (b)(6); (b)(7)(C)	Hand Usage: (b)(6); (b)(7)(C)	Height: (b)(6); (b)(7)(C)	Weight: (b)(6); (b)(7)(C)
Age: (b)(6); (b)(7)(C)			
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: (b)(6); (b)(7)(C)	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: (b) (7)(E)			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: (b)(6); (b)(7)(C)	Qualification Score: (b)(6); (b)(7)(C)	
Serial Number: (b) (7)(E)	Manufacturer: US Military	Model Name/Number: M4 Auto	Caliber: (b) (7)(E)
Type: Rifle	Round Type (if Shotgun): Other	Rounds Fired: 5	
Firearm Shooting Information:			
Posture: Kneeling	Posture Orientation: Facing Squarely		
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: At/Above Eye Level	Aiming Method: Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 25 Maximum: 50		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: None			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:	
Device:	Device Type:
Description:	
Intermediate Device Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Weapon Grip:
Target Elevation:	Aiming Method:
Firing Mode:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination (<i>Express in Minutes</i>): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

Other Force Information:	
Device Type:	Description:
Comments:	
Other Force Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (<i>in addition to Basic Academy</i>) Assisted the Involved Officer/Agent: Firearms Instructor Training Program
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): (b)(6)(b)(7)(C)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	
DOB or Age: (b)(6)(b)(7)(C)	Height: (b)(6)(b)(7)(C)	Weight: (b)(6)(b)(7)(C)	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: M4 Auto	Officer/Agent: (b)(6)(b)(7)(C)
Subject: (b)(6)(b)(7)(C)	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

Additional Comments for Incident:

At approximately 7:46 p.m., normal radio communications resumed.

At approximately 7:54 p.m., FOS (b)(6)(b)(7)(C) was notified. DPAIC (b)(6)(b)(7)(C) was notified at the same time.

At approximately 7:59 p.m., the Laredo Police Department was contacted and a unit was dispatched.

The Sector (b)(7)(E) (SET) was contacted at approximately 7:55 p.m.

PAIC (b)(6)(b)(7)(C) was contacted at approximately 7:59 p.m.

Peer Support was contacted at 7:59 p.m.

FBI was contacted and responded at 8:19 p.m.

Photographs were taken by SBPA (b)(6)(b)(7)(C)

Officer/Agent Comments:

BPA (b)(6)(b)(7)(C) will provide a statement at a later date. PORAC Attorney (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b)(6)(b)(7)(C)

(b)(6)(b)(7)(C)

U.S. Customs and Border Protection

Subject (b)(6)(b)(7)(C)
(b)(6)(b)(7)(C)

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b)(7)(E)	Incident Title: Agent Involved Shooting	Orig. SIR No.: (b)(7)(E)	Event No.:
Office: Office of Border Patrol	Owning Organization: Office of Border Patrol/San Diego Sector	Reporting Official: (b)(6)(b)(7)(C)	Telephone Number: (b)(6)(b)(7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 1:00 PM Friday 9/28/2012	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b)(7)(E)		City: Chula Vista	State: CA	County: San Diego
ZIP Code: 91911	Country: US	Longitude: (b)(7)(E)	Latitude: (b)(7)(E)	
Character of Premises: Urban, Highly Populated, Residential, Outdoors				
Illumination: -----				
If Natural Illumination: Daylight		If Artificial Illumination: Not Applicable, Good lighting		
Environmental Conditions: Dry, Calm		Estimated Ambient Temperature (oF): 85		

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b)(6)(b)(7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b)(6), (b)(7)(C)	Duty Location EOD: (b)(6), (b)(7)(C)
Duty Location: Office of Border Patrol/San Diego Sector			
Sex: (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	Height: (b)(6); (b)(7)(C)	Weight: (b)(6); (b)(7)(C)
Age: (b)(6); (b)(7)(C)			
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: (b)(6); (b)(7)(C)	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operational Activity: (b)(7)(E)			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: Back, non life threatening
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:		Qualification Score:
Serial Number: (b)(7)(E)	Manufacturer: H&K	Model Name/Number: (b)(7)(E)	Caliber: (b)(7)(E)
Type: Pistol	Round Type (if Shotgun):	Rounds Fired: 10	
Firearm Shooting Information:			
Posture: Standing, Other (BPA struck by vehicle)		Posture Orientation: Field Interview Stance, Facing Squarely, Other (BPA struck by vehicle)	
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: At/Above Eye Level	Aiming Method: Point Aim, Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Expressed in Yards): Minimum: 0 Maximum: 1		
Collateral Damage:	Bystander / Other Person(s) Hit	Property Damaged	
Comments Concerning Collateral Damage: N/A			

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION

(Data Merged with Section E Above by Weapon)

SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION

What Training (in addition to Basic Academy) Assisted the Involved Officer/Agent:

Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input type="checkbox"/> Person <input type="checkbox"/> Animal <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Reason (Animal):	Description of Animal:	
Name (Last, First, Middle): (b)(6)(b)(7)(C)		Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: (b)(6)(b)(7)(C)	Height: (b)(6)(b)(7)(C)	Weight:	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Attire: <input type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police		Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Subject Other Weapon Information (NOT Firearm):
Vehicle

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon:		Officer/Agent:	
H&K P2000SK (b) (7)(E)		(b)(6)(b)(7)(C)	
Subject:			
(b)(6)(b)(7)(C)			
Effective at Stopping Immediate Threat:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
Did Weapon or Device Function Properly / Perform As Expected?:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:			
Subject Injured:		Referred for Additional Medical Attention:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

ADDITIONAL COMMENTS

Incident Description:

Pending update on completion of investigative reports.

(b) (7)(E)

Agent Comments:

(b) (7)(E)

(b) (7)(E)

(b)(6)(b)(7)(C)

(b) (7)(E)

Subject Comments:

Pending update of completion of investigative reports.

(b) (7)(E)

(b) (7)(E)

Officer / Agent:

(b)(6)(b)(7)(C)

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Date Printed: 10/31/2012

Subject: (b)(6)(b)(7)(C)

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b)(7)(E)	Incident Title: Shots Fired east of (b)(7)(E) (b)(7)(E)	Orig. SIR No.: (b)(7)(E)	Event No.: (b)(7)(E)
Office: Office of Border Patrol	Owning Organization: Tucson Sector/Nogales Station	Reporting Official: (b)(6)(b)(7)(C)	Telephone Number: (b)(6)(b)(7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 23:27 Wednesday 10/10/2012	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address:	City: Nogales	State: AZ	County: Santa Cruz
ZIP Code: 85621	Country: US	Longitude: (b)(7)(E)	Latitude: (b)(7)(E)
Character of Premises: Suburban, Moderately Populated, Residential, Outdoors			
Illumination:			
If Natural Illumination: Night	If Artificial Illumination: Street Lights, Vehicle Headlights, Dark, Poor lighting		
Environmental Conditions: Dry, Calm, Desert			Estimated Ambient Temperature (°F): 80
Additional Comments (relevant to the incident information page): On October 10, 2012, BPA (b)(6)(b)(7)(C) was responding to camera traffic near (b)(7)(E) in Nogales, Arizona. (b)(7)(E) Subjects in Mexico began throwing rocks at agents in the area. BPA (b)(6)(b)(7)(C) shot with his Department-issued handgun, hitting one subject in Mexico. (b)(7)(E) (b)(7)(E)			

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b)(6)(b)(7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b)(6); (b)(7)(C)	Duty Location EOD: (b)(6); (b)(7)(C)
Duty Location: Tucson Sector/Nogales Station			
Sex: (b)(6); (b)(7)(C)	Hand Usage: (b)(6); (b)(7)(C)	Height: (b)(6); (b)(7)(C)	Weight: (b)(6); (b)(7)(C)
Age: (b)(6); (b)(7)(C)	Total YEARS Law Enforcement Experience: (b)(6); (b)(7)(C)		Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Operational Activity: (b) (7)(E)	

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:		Qualification Score:
Serial Number: (b) (7)(E)	Manufacturer: H&K	Model Name/Number: P2000	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun): Other	Rounds Fired: 15	
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Side Towards		
Cover Usage: Cover Used	Weapon Grip: Two-handed		
Target Elevation: At/Above Eye Level	Aiming Method: Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 10 Maximum: 25		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:	
Device:	Device Type:
Description:	
Intermediate Device Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Weapon Grip:
Target Elevation:	Aiming Method:
Firing Mode:	Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination (Express in Minutes): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

Other Force Information:	
Device Type:	Description:
Comments:	
Other Force Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (in addition to Basic Academy) Assisted the Involved Officer/Agent: Firearms Instructor Training Program
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): (b)(6)(b)(7)(C)		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: (b)(6)(b)(7)(C)	Height: (b)(6)(b)(7)(C)	Weight: (b)(6)(b)(7)(C)	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input checked="" type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms):			<input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental	
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: P2000	Officer/Agent: (b)(6)(b)(7)(C)
Subject: (b)(6)(b)(7)(C)	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown

ADDITIONAL COMMENTS

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b)(6)(b)(7)(C)

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b)(7)(E)	Incident Title: Assault on Federal Officer: Shots fired by Agent	Orig. SIR No.: (b)(7)(E)	Event No.: (b)(7)(E)
Office: Office of Border Patrol	Owning Organization: El Paso Sector/El Paso Station	Reporting Official: (b)(6)(b)(7)(C)	Telephone Number: (b)(6)(b)(7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input checked="" type="checkbox"/> Intermediate Device <input checked="" type="checkbox"/> Other		Local Time / Day / Date of Incident: 18:35 Monday 6/7/2010	
Number of Subjects: 4	Number of Involved CBP Officers/Agents: 3	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b)(7)(E)	City: El Paso	State: TX	County: USA
ZIP Code: 79901	Country: US	Longitude: (b)(7)(E)	Latitude: (b)(7)(E)
Character of Premises: Urban, Moderately Populated, Commercial, Outdoors			
Illumination:			
If Natural Illumination: Daylight	If Artificial Illumination: Not Applicable, Good lighting		
Environmental Conditions: Dry, Windy			Estimated Ambient Temperature (°F): 90
Additional Comments (relevant to the incident information page):			

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b)(6)(b)(7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b)(6); (b)(7)(C)	Duty Location EOD: (b)(6); (b)(7)(C)
Duty Location: El Paso Sector/El Paso Station			
Sex: (b)(6); (b)(7)(C)	Hand Usage: (b)(6); (b)(7)(C)	Height: (b)(6); (b)(7)(C)	Weight: (b)(6); (b)(7)(C)
Age: (b)(6); (b)(7)(C)			
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: (b)(6); (b)(7)(C)	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operational Activity: (b) (7)(E)			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: (b)(6); (b)(7)(C)	Qualification Score: (b)(6); (b)(7)(C)	
Serial Number: (b) (7)(E)	Manufacturer: H&K	Model Name/Number: P2000	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun):	Rounds Fired: 3	
Firearm Shooting Information:			
Posture: Standing, Kneeling	Posture Orientation: Facing Squarely, Side Towards		
Cover Usage: No Cover	Weapon Grip: Two-handed, Gun hand only		
Target Elevation: At/Above Eye Level	Aiming Method: Point Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 20 Maximum: 25		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: One round struck subject under left eye, subject expired on scene. (Agent (b)(6)(b)(7)(C) arrested (b)(6)(b)(7)(C))			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:	
Device: ECD (Electronic Control Device)	Device Type: (b) (7)(E)
Description:	
Intermediate Device Deployment Information:	
Posture: Standing, Kneeling	Posture Orientation: Facing Squarely, Side Towards
Cover Usage: No Cover	Weapon Grip: Two-handed
Target Elevation: At/Above Eye Level	Aiming Method:
Firing Mode:	Estimated Distance (Express in Yards): Minimum: 20 Maximum: 25
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination (Express in Minutes): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

Other Force Information:	
Device Type:	Description:
Comments:	
Other Force Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (in addition to Basic Academy) Assisted the Involved Officer/Agent: Physical Instructor Training Program (FN-303 & PLS instructor)
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): (b)(6)(b)(7)(C)		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: (b)(6)(b)(7)(C)	Height: (b)(6)(b)(7)(C)	Weight: (b)(6)(b)(7)(C)	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input checked="" type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms):			<input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental	
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: P2000	Officer/Agent: (b)(6)(b)(7)(C)
Subject: (b)(6)(b)(7)(C)	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

Officer/Agent Comments:

Agent (b)(6)(b)(7)(C) transferred from ECD to firearm as he utilized arrest techniques to restrain one of the arrested subjects. Agent (b)(6)(b)(7)(C) was simultaneously being assaulted by subjects throwing rocks as he affected the arrest. Agent (b)(6)(b)(7)(C) fired three rounds and one subject expired.

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b)(6)(b)(7)(C)

SECTION C - INVOLVED OFFICER / AGENT INFORMATION - (b)(6)(b)(7)(C)

Name:	Title:	Service EOD:	Duty Location EOD:	
(b)(6)(b)(7)(C)	BORDER PATROL AGENT	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	
Duty Location: El Paso Sector/El Paso Station				
Sex:	Hand Usage:	Height:	Weight:	Age:
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
Duty Status:	Attire:	Total YEARS Law Enforcement Experience:	Wearing Body Armor:	
<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	(b)(6); (b)(7)(C)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Operational Activity: (b) (7)(E)				

SECTION C - INVOLVED OFFICER / AGENT INFORMATION - (b)(6)(b)(7)(C)

Name:	Title:	Service EOD:	Duty Location EOD:	
(b)(6)(b)(7)(C)	BORD PATRL AGT	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	
Duty Location: El Paso Sector/El Paso Station				
Sex:	Hand Usage:	Height:	Weight:	Age:
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
Duty Status:	Attire:	Total YEARS Law Enforcement Experience:	Wearing Body Armor:	
<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	<input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	(b)(6); (b)(7)(C)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Operational Activity: (b) (7)(E)				

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - (b)(6)(b)(7)(C)

Injured:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention:
<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b)(6)(b)(7)(C)

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - (b)(6)(b)(7)(C)

Injured:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention:
<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT - (b)(6)(b)(7)(C)

Other Force Information:		
Device Type:	Description:	
Physical force w/out weapon		
Comments:		
Other Force Deployment Information:		
Posture:	Posture Orientation:	
Standing	Facing Squarely	
Cover Usage:	Estimated Distance (Express in Yards):	
Cover Used	Minimum: 0	Maximum: 1
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		
Agent (b)(6)(b)(7)(C) utilized arrest techniques and verbal commands to arrest one of the two subjects while simultaneously being barraged with rocks.		

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and/or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and/or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b)(6)(b)(7)(C)

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT - (b)(6)(b)(7)(C)

Other Force Information:		
Device Type:	Description:	
Physical force w/out weapon		
Comments:		
Other Force Deployment Information:		
Posture:	Posture Orientation:	
Standing, Kneeling	Facing Squarely, Side Towards	
Cover Usage:	Estimated Distance (Express in Yards):	
No Cover	Minimum: 0	Maximum: 1
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		
Utilized arrest techniques, provided back up and assisted agents (b)(6)(b)(7)(C) and (b)(6)(b)(7)(C) in detaining arrested subjects.		

SECTION H - SUBJECT INFORMATION - (b)(6)(b)(7)(C)

Type:	Reason (Animal):	Description of Animal:	
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	<input type="checkbox"/> Defense <input type="checkbox"/> Euthanize		
Name (Last, First, Middle):		Sex:	
(b)(6); (b)(7)(C)		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age:	Height:	Weight:	Wearing Body Armor:
(b)(6); (b)(7)(C)	(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Attire:		<input type="checkbox"/> Deceased	
<input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None			

SECTION H - SUBJECT INFORMATION - (b)(6)(b)(7)(C)

Type:	Reason (Animal):	Description of Animal:	
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	<input type="checkbox"/> Defense <input type="checkbox"/> Euthanize		
Name (Last, First, Middle):		Sex:	
(b)(6)(b)(7)(C)		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age:	Height:	Weight:	Wearing Body Armor:
(b)(6); (b)(7)(C)	(b)(6)(b)(7)(C)	(b)(6)(b)(7)(C)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Attire:		<input type="checkbox"/> Deceased	
<input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None			

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b)(6)(b)(7)(C)

SECTION H - SUBJECT INFORMATION - UNKNOWN, UNKNOWN

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:
Name (Last, First, Middle): (b)(6)(b)(7)(C)		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
DOB or Age: (b)(6)(b)(7)(C)	Height: (b)(6)(b)(7)(C)	Weight: (b)(6)(b)(7)(C)
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
<input type="checkbox"/> Deceased		

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - (b)(6)(b)(7)(C)

Weapon: Physical force w/out weapon	Officer/Agent: (b)(6)(b)(7)(C)
Subject: (b)(6)(b)(7)(C)	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - (b)(6)(b)(7)(C)

Weapon: (b) (7)(E)	Officer/Agent: (b)(6)(b)(7)(C)
Subject: (b)(6)(b)(7)(C)	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b)(6)(b)(7)(C)

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - (b)(6)(b)(7)(C)

Weapon: Physical force w/out weapon	Officer/Agent: (b)(6)(b)(7)(C)
Subject: (b)(6)(b)(7)(C)	
Effective at Stopping Immediate Threat:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN, UNKNOWN

Weapon: P2000	Officer/Agent: (b)(6)(b)(7)(C)
Subject: (b)(6)(b)(7)(C)	
Effective at Stopping Immediate Threat:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown